

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

Amendment

☐ Yes ☒ No

1. Committee Information	
a. Full Name BRIAN CRUMP FOR SHERIFF	c. ID Number BC06115
b. Mailing Address (include City, State and Zip Code) PO Box 1187 Indian Trail, NC 28079-2187	d. Date Filed 07/17/2017
e. Phone Number 704-506-7162	

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JUN 17 2017

Union Co. Board of Elections

2. Report Year 2017	3. Period Start Date (mm/dd/yy) 01/01/2017	4. Period End Date (mm/dd/yy) 06/30/2017	5. Treasurer Full Name Brian Crump
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input checked="" type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special

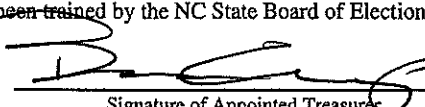
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Other:			
8. Number of Fundraisers this Report 0			

11. Account Information		11. Account Information	
a. Financial Institution Full Name First Citizens Bank	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose	c. Account Code 01	d. Period Begin Balance	d. Period Begin Balance
	\$ 3,705.78		\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Brian Crump
Printed Name of Signer


Signature of Appointed Treasurer

07/17/2017
Date

FOR OFFICE USE ONLY

Date Received: 7/17/2017 Employee: K. Crump

Date Postmarked: N/A Employee:

Date Scanned: Employee:

Date Data Entered: Employee:

Delivery Method
☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment

☐ Yes

☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
BRIAN CRUMP FOR SHERIFF		2017 MID YEAR	BC06115
Start of Election Cycle: January 1, 2017		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 3,705.78	\$ 3,705.78
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 50.00	\$ 50.00	
6) Contributions from Individuals (CRO-1210)	\$ 1,400.00	\$ 1,400.00	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$ 1,800.00	\$ 1,800.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 3,250.00	\$ 3,250.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 1,356.73 1453.41	\$ 1,356.73 1453.41	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1,356.73 1453.41	\$ 1,356.73 1453.41	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 5,599.06 5502.37	\$ 5,599.06 5502.37	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	\$	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	\$	
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

Page 1 of 1☐ Yes ☒ No

Contributions from Individuals

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Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
BRIAN CRUMP FOR SHERIFF					BC06115	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mark & Lynn Elmo 3006 Plentywood Drive Matthews, NC 28105			Owner			
			c. Employer's Name/Specific Field			
			Elite Training Academy		e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	BC	Check	Check	06/01/2017	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Eric Furr 217 South Laurel Avenue Charlotte, NC 28207			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	BC	Check	Check	06/10/2017	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Brenda Dampier 13902 SW 128th Avenue Archer, FL 32618			VP			
			c. Employer's Name/Specific Field			
			Dampier Septic Tank		e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	BC	Check	Check	06/15/17	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1400.00	

Contributions from Individuals

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Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BRIAN CRUMP FOR SHERIFF				BC06115	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
James A. Abbott 138 Cherokee Road Charlotte, NC 28207			Owner		
			c. Employer's Name/Specific Field		
			American Security Mortgage		
			e. Election Sum to Date		
					\$ 400.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	BC	Check	Check	05/01/17	\$ 400.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
RECEIVED JUN 17 2017					
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Ray Breazeale 4812 Unionville-Indian Trail Rd Indian Trail, NC 28079			Owner		
			c. Employer's Name/Specific Field		
			Victory Bolt Specialty		
			e. Election Sum to Date		
					\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	BC01	Check	Check	05/09/2017	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Rebecca Kerley 2004 Farmingham Lane Indian Trail, NC 28079			Executive Assistant		
			c. Employer's Name/Specific Field		
			Brighthouse Financial		
			e. Election Sum to Date		
					\$ 50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	BC01	Check	Check	05/31/2017	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 950.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,400.00

Loan Proceeds

Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
BRIAN CRUMP FOR SHERIFF				BC06115	
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Brian Crump PO Box 1187 Indian Trail, NC 28079-2187				e. Start Date (mm/dd/yyyy)	
				04/2017	
				f. End Date (mm/dd/yyyy)	
				04/2017	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0.00 %		1	Cash	\$ 1,800.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
<div style="text-align: center;"> <p>RECEIVED</p> <p>JUN 17 2017</p> </div>					
d. Percentage		e. Amount			
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
d. Percentage		e. Amount			
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
d. Percentage		e. Amount			
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
d. Percentage		e. Amount			
		%		\$	
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)				\$ 1,800.00	



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

RECEIVED
JUN 17 2017

Union Co. Board of Elections

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: Brian Crump for sheriff
- Person or committee to make loan: Brian Crump
- Date of loan to committee: 4/20/17
- Name of lending institution and account number (source):
N/A
- Amount of loan: \$ 1,800.00
- Description (if in-kind loan): Cash
- Names of all parties responsible for payment of loan (guarantors):
N/A
- Period of loan: N/A
- Rate of interest of loan: N/A
- Security pledged for loan: N/A

I, _____, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.

[Signature]
Signature of Lender

7-17-17
Date Signed

[Signature]
Signature of Treasurer of Committee

7-17-17
Date Signed

Disbursements

Pg 1 of 2

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) BRIAN CRUMP FOR SHERIFF				2. ID Number BC06115	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Unrivald Enterprises 6115 Vinecrest Drive Indian Land, SC 29707			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 850.00
f. Account Code 1	g. Form of Payment Checking/EFT	h. Purpose Code A	i. Date (mm/dd/yyyy) 04/20/17	j. Amount \$ 850.00	k. Required Remarks Web Page
					\$
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) All Star Signs 241 Post Office Dr, Suite 7A Indian Trail, NC 28079			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 293.57
f. Account Code 1	g. Form of Payment Checking/EFT	h. Purpose Code B	i. Date (mm/dd/yyyy) 01/04/17	j. Amount \$ 293.57	k. Required Remarks Signs
					\$
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) All Star Signs 241 Post Office Dr, Suite 7A Indian Trail, NC 28079			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 213.16
f. Account Code 1	g. Form of Payment Checking/EFT	h. Purpose Code B	i. Date (mm/dd/yyyy) 02/13/17	j. Amount \$ 213.16	k. Required Remarks Signs
					\$
5. Total only this Page					\$ 1,356.73
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 1,453.41
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 2 of 2

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)					2. ID Number	
BRIAN CRUMP FOR SHERIFF					BC06115	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
All Star Signs 241 Post Office Dr., Suite 7A Indian Trail, NC 28079				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 96.68
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Checking/EFT	B	03/02/2017	\$ 96.68	Signs	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
<div style="text-align: center;"> RECEIVED JUN 17 2017 Union Co. Board of Elections </div>				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 96.68	
6. Total of ALL CRO-1310 Pages					1453.41	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					\$ 2,356.73	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						